

REGISTRATION RECEIPT ORDER FORM (RS-2)  
PRINCIPAL PLACE OF BUSINESS: **NEVADA**

Name: \_\_\_\_\_

ICC No: \_\_\_\_\_

Transporting: ☒ Property    ☐ Passenger – Reg. Route    ☐ Passenger – Charter  
Receipts ordered are for:    ☐ Current year (2004)    ☐ Next year (2005)

State Name (A)	Vehicles (B)	Fee (C)	Total Fees (D)
Alabama	_____	6.00	_____
Arkansas	_____	5.00	_____
California	_____	5.00	_____
Colorado	_____	5.00	_____
Connecticut	_____	10.00	_____
Georgia	_____	5.00	_____
Idaho	_____	2.00	_____
Illinois	_____	7.00	_____
Indiana	_____	10.00	_____
Iowa	_____	1.00	_____
Kansas	_____	10.00	_____
Kentucky	_____	10.00	_____
Louisiana	_____	10.00	_____
Maine	_____	8.00	_____
Massachusetts	_____	10.00	_____
Michigan	_____	0.00	_____
Minnesota	_____	5.45	_____
Mississippi	_____	10.00	_____
Missouri	_____	10.00	_____
Montana	_____	5.00	_____
Nebraska	_____	3.50	_____
New Hampshire	_____	10.00	_____
New Mexico	_____	10.00	_____
New York	_____	10.00	_____
North Carolina	_____	1.00	_____
North Dakota	_____	10.00	_____
Ohio	_____	5.00	_____
Oklahoma	_____	7.00	_____
Rhode Island	_____	8.00	_____
South Carolina	_____	5.00	_____
South Dakota	_____	5.00	_____
Tennessee	_____	8.00	_____
Texas	_____	10.00	_____
Utah	_____	6.00	_____
Virginia	_____	10.00	_____
Washington	_____	10.00	_____
West Virginia	_____	3.00	_____
Wisconsin	_____	5.00	_____

**TOTAL OF ALL STATE FEES** \_\_\_\_\_

Note: Fees must be paid for each vehicle for each state of travel. If there are any questions about how to complete this form, contact your state agency.

Return completed form to:  
UT Dept of Trans/Motor Carrier  
4501 S. 2700 W. /PO Box 141210  
Salt Lake City, UT 84114-1210  
Phone: (801) 965-4508  
Fax: (801) 965-4457

Credit Card Fee: \$6.50 min. or 5% of total.  
Exact Name on Card: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

CERTIFYING STATEMENT AND SIGNATURE: I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Title: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_